

## Instructions to fill in this form:

You may fill out this form, and then print a hard copy.

Or, you may save an electronic copy of this form by selecting File and then Save As and renaming the document. Close your saved document then open your re-named document in Word and fill it in.

If this does not work with your computer, you may select the PDF version of this form and fill it out manually.

This document contains form fields in which you enter information.

To navigate this form use the TAB key on your keyboard to progress through the form fields or use your mouse to click in the field in which you wish to enter data.

There are three types of form fields: 1) Check Boxes, 2) Text Fields, and 3) Numerical Calculation Fields.

To enter data into a Check Box you may either use your mouse to direct your cursor to the box and click on the box to check or un-check the box – or, you may use the TAB key on your keyboard to move to the Check Box until it is highlighted and then hit the Enter key on your keyboard to check or un-check the box.

To enter data into a Text Field you may either use your mouse to direct your cursor to the Text Field, click on the field, and then type in your response – or, you may use the TAB key on your keyboard to move to the Text Field until it is highlighted and then type in your response.

To enter data in a Numerical Calculation Field you may either use your mouse to direct your cursor to the field, click on the field, and then type in your response – or, you may use the TAB key on your keyboard to move to the field until it is highlighted and then type in your response. When you exit the Numerical Calculation Field the answer will calculate in the quotient field.

## FY 2008 BASIC GRANT MONITORING DOCUMENT

DESK

This is the Arizona Department of Education's (ADE) Basic Grant MONITORING DOCUMENT. Monitoring is required for districts that receive an allocation from the Carl D. Perkins Career and Technical Education Act of 2006, P. L. 109 - 270 (Perkins IV). This report is an important step in promoting the accurate and reliable measure of student outcomes required in Perkins IV. This report addresses the January 31 – February 4, 2005 U.S. Department of Education, Office of Vocational and Adult Education (OVAE) monitoring and federal direction to increase accountability in fiscal and program areas. ADE and local recipients' experience with this instrument will help determine the need for revisions in subsequent years. Identifying the information sought through this instrument, the ADE is mindful of its requirement to present performance information to the U.S. Department of Education, and ultimately to Congress. This reporting instrument is under a continuous improvement process toward an optimal design to track the impact of the Perkins IV funds on the performance of Arizona CTE students.

***Please Key or Print in the Space Provided***

**Applicant Agency:** \_\_\_\_\_ **County-Type-District No.:** \_\_\_\_\_

**Project No.:** \_\_\_\_\_ **Total FY 2008 Basic Grant Funds Allocated: \$** \_\_\_\_\_

### CERTIFICATION STATEMENT

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*As District CTE/Local Director/Contact, I have read, understand, and have determined that upon the basis of this MONITORING DOCUMENT analysis, the LEA noted above has made a good faith effort to be in compliance with the Statement of Assurances identified in the original grant application and this document.*

☐ **Yes! We need Technical Assistance with Next Year's Basic Grant in the following areas:**

☐ Defining a coherent sequence.

☐ Writing objectives.

☐ Applying funding guidelines.

☐ Tracking and reporting student outcomes.

ADE Staff Technical Assistance Required (check all that apply):

☐ Basic Grant Specialist

☐ Program/State Supervisor (list program(s) &/or professional development needs) \_\_\_\_\_

☐ Development & Innovations Specialist (Accountability, Guidance & Counseling, Performance Measures, Postsecondary, &/or Research Activities)

☐ MIS Assistance (Funding, Enrollment, Placement)

☐ CTE Student Organization Assistance (list student organization(s) &/or needs) \_\_\_\_\_

### ADE USE ONLY:

Date Sent: \_\_\_\_\_

Date Received: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_

☐ Compliance

☐ Non-Compliance

☐ Follow-Up Required

# FY 2008 BASIC GRANT MONITORING DOCUMENT

## Section I PROGRAM ASSURANCES

**Instructions:** In the spaces provided below, describe how you are meeting the required Assurances.

**Assurance 1:** Eligible recipients will annually evaluate (using the state established Performance Standards Evaluation process) Vocational Technical Education programs to assess progress of all students, including special populations [§3(29)], in meeting Arizona's core indicators. [§113(b)(2)]

1. **Indicate the date the district's Annual Program Evaluation was conducted.** \_\_\_\_\_
2. **The district's Annual Program Evaluation results will be submitted to the ADE/CTE, Attn: Development and Innovations Group, 1535 West Jefferson Street, Bin #42, Phoenix, AZ 85007 by 5:00 PM on September 30, 2008 per ARS 15-783: Evaluation of career and technical education and vocational education programs (Reference Arizona Education Laws and Rules Annotated 2007-2008 Edition).**

**Assurance 2:** Individuals who are members of special populations will be provided equal access to the full range of Career and Technical Education activities and programs available to individuals who are not members of special populations, and will not be discriminated against on the basis of their status as members of special populations; these programs and activities will be monitored by qualified state staff to ensure access and quality. [§122(c)(9)(A) and (B)]

1. **This assurance determines the level of *access* for student groups. Calculate the percentages for Special Education (Sp Ed) & Gender:**

To calculate percentages type data in the divisor field then tab or click in the dividend field below. Percentage will appear.

☐ District Special Ed % =  $\frac{\text{District 9-12 Sp Ed Enrolled}}{\text{District 9-12 Enrolled}}$  \_\_\_\_\_ = \_\_\_\_\_

☐ District Male % =  $\frac{\text{District 9-12 Male Enrolled}}{\text{District 9-12 Total Enrolled}}$  \_\_\_\_\_ = \_\_\_\_\_

☐ District Female % =  $\frac{\text{District 9-12 Female Enrolled}}{\text{District 9-12 Total Enrolled}}$  \_\_\_\_\_ = \_\_\_\_\_

☐ CTE Special Ed % =  $\frac{\text{CTE 9-12 Sp Ed Enrolled}}{\text{District 9-12 CTE Enrolled}}$  \_\_\_\_\_ = \_\_\_\_\_

☐ CTE Male % =  $\frac{\text{CTE 9-12 Male Enrolled}}{\text{District 9-12 CTE Enrolled}}$  \_\_\_\_\_ = \_\_\_\_\_

☐ CTE Female % =  $\frac{\text{CTE 9-12 Female Enrolled}}{\text{District 9-12 CTE Enrolled}}$  \_\_\_\_\_ = \_\_\_\_\_

# FY 2008 BASIC GRANT MONITORING DOCUMENT

## Section I PROGRAM ASSURANCES

**Assurance 3:** Individuals who are members of special populations will be provided appropriate supplemental support services, strategies, and activities, through an Individualized Career and Technical Education Plan (ICTEP) and process, to enable those individuals to meet or exceed state adjusted levels of performance and to prepare them for further learning and high skill, high wage careers. [§122(c)(9)(C)]

1. This assurance determines **progress and success** for student groups. Describe the ICTEP process and **attach a copy of district's ICTEP form**.  
NOTE: the requirement for the ICTEP ends effective July 1, 2008.

\_\_\_\_\_

2. Identify the supportive services provided to Special Population students in CTE (check all that apply):

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Tutoring                        | <input type="checkbox"/> AIMS Remediation       | <input type="checkbox"/> Sign Interpreter | <input type="checkbox"/> English Language Assistance        |
| <input type="checkbox"/> Modified Curriculum             | <input type="checkbox"/> Adaptive Equipment     | <input type="checkbox"/> Teacher Aides    | <input type="checkbox"/> Documentation of Services Provided |
| <input type="checkbox"/> Analysis of Concentrator Report | <input type="checkbox"/> Other (explain): _____ |   |   |

3. Calculate:

To calculate percentages type data in the divisor field then tab or click in the dividend field below. Percentage will appear.

- |  |  |
|--|--|
| <input type="checkbox"/> Non Sp Pops Concentrator % = $\frac{\text{Non Sp Pops Concentrators}}{\text{Career Prep Non Sp Pops Enrolled}}$ _____ = _____ | <input type="checkbox"/> Sp Pops Concentrator % = $\frac{\text{Sp Pops Concentrators}}{\text{Career Prep Sp Pops Enrolled}}$ _____ = _____ |
|--|--|

**NOTE:** If Assurance 3 percentages sum to 100%--e.g., 83% Non Sp Pops Concentrators and 17% Sp Pop Concentrators--the respective student groups are being divided by the total enrolled. This is incorrect and will put programs in a far worse light.

4. Based on the calculated percentages, are ICTEP CTE students meeting performance measures at the same rate (+/- 5 percentage points) as non-ICTEP CTE students? Yes ☐ No ☐ If "no", describe the district plan of improvement. \_\_\_\_\_

# FY 2008 BASIC GRANT MONITORING DOCUMENT

## Section II FISCAL ASSURANCES

**PLEASE NOTE:** Assurance 4 is not included in this year's monitoring.

**Instructions:** In the space provided below, describe how you are meeting the required Assurances.

**Assurance 5:** The eligible agency will comply with all requirements of this title and State Plan, including the provision of financial audit of funds received under this title. [§122(c)(11)]

What is the date of most recent annual district audit conducted by an independent CPA firm: \_\_\_\_\_

Describe all audit exceptions of district's Basic Grant funds: \_\_\_\_\_

Are you requesting an audit of your Basic Grant at this time? Yes ☐ No ☐ (If yes, provide justification below.)

\_\_\_\_\_  
Comments: \_\_\_\_\_

**Assurance 6:** None of the funds expended under this title will be used to acquire equipment (including computer software) in any instance in which such acquisition results in a direct financial benefit to any organization representing the interests of the purchasing entity, the employees of the purchasing entity or any affiliate. [§122(c)(12)]

Were items purchased with Perkins funds from a vendor that employs a district employee or relative of a district employee? Yes ☐ No ☐

(If "yes", provide explanation and corrective action plan to address deficiency.)

Explanation: \_\_\_\_\_

Were items purchased with Perkins funds from a vendor in which a district employee has a financial investment? Yes ☐ No ☐ (If "yes", provide explanation and corrective action plan to address deficiency.)

Explanation: \_\_\_\_\_

Comments: \_\_\_\_\_

**FY 2008 BASIC GRANT MONITORING DOCUMENT**  
**Section II**  
**FISCAL ASSURANCES**

**Secondary District Capital Equipment Inventory**

*The USFR VI-E guidelines require that equipment with a unit cost equal to or greater than \$5,000 must be listed on the district's general fixed assets listing. A district may select a lower cost amount at which items must be listed on their fixed asset listing.*

1. *Does district have an established process for the purchase, identification, and inventorying of capital/equipment purchased with Perkins funds? Yes ☐ No ☐ (USFR Accounting Procedures, Fixed Assets VI-E & Memorandum No. 224)*
2. *Based upon an approved project capital expenditure page, does equipment with a unit cost of \$5,000 or more, purchased with Perkins funds, appear on the district's fixed assets listing? Note: If the district guidelines stipulate an amount less than \$5,000, the fixed asset listing should reflect the district guidelines.*  
  
*Yes ☐ No ☐ (If "no", provide a corrective action plan to address deficiency.)*
3. *Does the above listing provide the district tag number, serial number or other number that identifies the item and the item's physical location or disposition (if lost, sold or stolen) of the capital item?*  
  
*Yes ☐ No ☐ (If "no", provide a corrective action plan to address deficiency.)*
4. *Does the District maintain a stewardship list for items costing at least \$1,000 but less than \$5,000 (or the District's capitalization threshold if less than \$5,000)? Yes ☐ No ☐ (USFR Accounting Procedures Memorandum No. 224)*
5. *Does the stewardship list include the item's physical location (school, department, building, etc.), identification number (tag number, serial number, or other number that specifically identifies the item), and the description (model number, size, color, etc.)? Yes ☐ No ☐ (If "no", provide a corrective action plan to address deficiency.)*

**FY 2008 BASIC GRANT MONITORING DOCUMENT**  
**Section II**  
**FISCAL ASSURANCES**

**Supplement not Supplant [§311.(a)]**

1. *Did this Basic Grant application request funds for career and technical education expenditures which were previously paid for by non-federal funds?*    Yes ☐    No ☐    *If yes, please explain: \_\_\_\_\_*
  
2. *Did this Basic Grant application request funds to purchase textbooks?*    Yes ☐    No ☐  
  
*If yes, are these textbooks required for the course/program?*    Yes ☐    No ☐    *If yes, please explain: \_\_\_\_\_*
  
3. *Did this Basic Grant application request additional funding for personnel costs over and above the previous year's grant?*  
  
Yes ☐    No ☐    *If yes, please explain: \_\_\_\_\_*

**FY 2008 BASIC GRANT MONITORING DOCUMENT**  
**Section II**  
**FISCAL ASSURANCES**

**Time & Effort [OMB CIRCULAR NO. A-87 Revised 05/10/04]**

*Standards regarding time distribution are in addition to the standards for payroll documentation.*

1. *Are Perkins funds being used to pay salaries/stipends of staff working less than 100% of their time on CTE activities?*  
Yes ☐ No ☐ *If no, the remaining items, 2 through 6, do not apply.*

*If yes,*

2. *Does the employee's position description (PD) detail their CTE responsibility?*

Yes ☐ No ☐ *(If "no", provide a corrective action plan to address deficiency.)*

3. *Does the employee's PD state the percentage of time they will work on CTE activities?* Yes ☐ No ☐

4. *Where employees work on multiple activities or cost objectives, a distribution of their salaries or wages should be supported by personnel activity reports or equivalent documentation. OMB CIRCULAR NO. A-87, Attachment B, Item 8 (Compensation for personal services). Does the district have a formal time and effort reporting system in place?* Yes ☐ No ☐

*If yes,*

5. *Does the district time and effort reporting system meet the following standards:*

*(For any "no" response, provide a corrective action plan to address deficiency.)*

- a. *Reflect an after the fact distribution of the actual activity of each employee?* Yes ☐ No ☐
- b. *Account for the total activity for which each employee is compensated?* Yes ☐ No ☐
- c. *Are the reports prepared at least monthly and coincide with one or more pay periods?* Yes ☐ No ☐ *and*
- d. *Are the time and effort reports signed by the employee?* Yes ☐ No ☐



**FY 2008 BASIC GRANT MONITORING DOCUMENT**  
**Section II**  
**FISCAL ASSURANCES**

**Time & Effort [OMB CIRCULAR NO. A-87 Revised 05/10/04] Continued**

6. *Budget estimates or other distribution percentages:*

*(For any "no" response, provide a corrective action plan to address deficiency.)*

a. *Reflect a reasonable approximations of the CTE activity actually performed;* Yes ☐ No ☐

b. *Does the LEA conduct quarterly (or more frequent) comparisons of actual costs to budgeted distributions based on the monthly activity reports?* Yes ☐ No ☐

*(Note: costs charged to Federal awards to reflect adjustments made as a result of the activity actually performed may be recorded annually if the quarterly comparisons show the differences between budgeted and actual costs are less than ten percent.)*

c. *The budget estimates or other distribution percentages are revised at least quarterly, if necessary, to reflect changed circumstances.*  
Yes ☐ No ☐